

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-101  
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>

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ARTESIA, OFFICE

5A. Indicate Type of Lease  
STATE ☒ FEDERAL ☐  
5. State Oil & Gas Lease No.  
L-3390 and L-654

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name South Carlsbad Gas Com.
2. Name of Operator Exxon Corporation		9. Well No. 1
3. Address of Operator P. O. Box 1600, Midland, Texas 79702		10. Field and Pool, or Wildcat Undesig. - Bone Spring
4. Location of Well UNIT LETTER C LOCATED 990 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 26 TWP. 23S RGE. 26E NMPM		11. County Eddy
19. Proposed Depth 10843		19A. Formation Bone Spring
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, HT, etc.) 3259' GR	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Unknown
22. Approx. Date Work will start Upon Approval		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	40	674	585	Surf
12 1/4"	8 5/8"	36	5300'	1400	Surf
8 3/4"	7"	23, 26, 29	11930	1250	appr. 7000

This well was originally completed in the Canyon and the Morrow. We propose plugging the Morrow at 11390' squeezing the Canyon, setting a CIBP at 11070' w/35' cmt and at 10,878 w/35' cmt. The Bone Springs formation will then be perfed and acidized (if necessary).

Gas is not dedicated to a purchaser. (Gas Well Only)

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed [Signature] Title Unit Head Date 8-16-85

(This space for State Use)

Original Signed By  
Les A. Clements  
Supervisor District II

APPROVED BY [Signature] DATE AUG 20 1985

CONDITIONS OF APPROVAL, IF ANY: